DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9134

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 2617

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Florissant, NR
(If outside city or town limits, write "RURAL")

(d) Street No. 0 Bellefontaine Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Simons, Infant Boy

8. (b) If veteran, name war

8. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 4, 1940 - 3-55 am
(Month) (Day) (Year)

8. AGE: Years | Months | Days 5 | Hours 5 hr. 50 min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Simons, Harold John

13. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dawdy, Ethel Faye

15. Birthplace Hillview, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harold John Simons

(b) Address Bellefontaine Road

17. (a) (Burial, cremation, or removal) (b) Date thereof MAR 20 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Washington U.

18. (a) Signature of funeral director Dept Of Pathology

(b) Address

19. (a) MAR 20 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1940 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 4, 1940, to March 9, 1940, that I last saw him alive on March 9, 9:45 A.M., 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital Anomalies of Oesophagus, Trachea, & Kidney	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Only one kidney Tracheal Oesophageal fistula	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Richard Paddock (M. D. or other)

Address 4500 Olive St. Date signed 3/16 40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PEERLESS—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2617

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.